Small Health Care Provider Quality Improvement Grant Program

Presentation to Rural Health Clinics

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Outline

- Program Overview
  - Purpose
  - Program Goals
- Eligibility
- Program Expectations
- Application Requirements
- Resources
- How to apply
Background

- Authorized under the Public Health Service Act, Title II, Section 330A(g) in 2002


- FY 2006: 15 awards (up to $50,000/year for 2 years)

- FY 2008: 55 awards (up to $75,000/year for 2 years)

- FY 2010: 58 awards (up to $100,000/year for 3 years)
Purpose

- Assist rural primary care providers with implementation of quality improvement strategies
- Promote evidence-based culture
- Coordinated delivery of care
- Improved health outcomes for patients
- Enhanced chronic disease management
- Better engagement of patients and caregivers
Eligibility

Organizational Eligibility
- Rural public or rural non-profit private entity that delivers health care services
- ALL rural RHCs and CAHs are eligible

Geographic Eligibility:
- Non-metro county or in a rural census tract of a metro county
- All services must be provided in a non-metro county or rural census tract
- Check eligibility at: http://datawarehouse.hrsa.gov/RuralAdvisor/RuralHealthAdvisor.aspx
Funding Preferences

- **Health Professional Shortage Area**
  - Applicant located in an officially designated health professional shortage area (HPSA)

- **Medically Underserved Community/Populations**
  - Applicant located in a medically underserved community (MUC) or serves medically underserved populations (MUPs)

- **Primary Care and Wellness**
  - Project must focus on primary care, and wellness and prevention strategies
  - Submit document stating that this is the funding preference
Consortium or Network

- NOT required, but strongly encouraged
- Align with other 330A Programs
- May need to collaborate/form partnerships to participate in payment and incentive programs
Application Requirements

- Propose an evidence-based quality improvement model
- Must have implemented HIT by the time of award
- Work Plan
- Evaluation Plan
- Logic Model
- Sustainability Strategy
Program Expectations: Year 1

- Complete implementation of HIT needed for data collection
- Implement quality improvement model
- Train staff (data collection and QI model)
- Begin collecting, validating, and testing data
- Perform tests of change (PDSA)
- Report baseline data 6 months after start date
Program Expectations: Years 2 & 3

- Continue reporting data
- Use data to guide quality improvement activities
- Submit final sustainability plan by end of year 2
- Identify another chronic disease or condition during year 3
Resources

**Quality Improvement**
- Institute for Healthcare Improvement (IHI) [http://www.ihi.org/](http://www.ihi.org/)
Resources

- **HIT**
  - Office of the National Coordinator for Health Information Technology (ONC) [http://healthit.hhs.gov/](http://healthit.hhs.gov/)

- **Work Plans and Logic Models**
  - CDC  
RHC Grantees

2008-2010

- Fairfield Medical Associates – Fairfield, SC
- McCloud Healthcare Clinic – McCloud, CA
- San Juan Healthcare – Friday Harbor, WA
- Summers County Clinic (Appalachian Regional Healthcare) – Hinton, WV
- Superior Medical Center (Brodstone Memorial Hospital) – Superior, NE
RHC Grantees

- **2010-2013**
  - Advanced Healthcare Clinic (Advanced Healthcare Medical Center)
  - Atlantic Medical Center (Cass County Memorial Hospital) – Atlantic, IA
  - Lamar Medical Clinic (Prowers Medical Center) – Lamar, CO
  - Primary Care Inc - Mio, MI
  - Telluride Medical Center – Telluride, CO
How to Apply

- Download Funding Opportunity Announcement (FOA) at [www.grants.gov](http://www.grants.gov)
- Announcement number HRSA-13-159
- Applications due in grants.gov **January 30, 2013**
- Applicants may request $150,000/year for up to three years
- Expected start date: September 1, 2013
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